

Bi-Monthly Meeting Minutes

Schedule 2 Employers' Group

Wednesday June 9th, 2021 9 AM-12PM

9:00 – 9:10 Introductions

9:10 –9:20 Mental health course update – Henrietta Van Hulle, PSHSA Vice President

Sherri Bastos – Director Stakeholder & Government Relations – will attend these meetings

Pilots over past 6 mos – RTW and stay at work for healthcare & prior to that first responders for mental health, evaluation completed, regional meetings being scheduled, will post links into chat

R2 for leaders – building resilient organizations by Dr. Michael Unger, launched, evaluation by control group by Dr. Unger. Program launched

Shared link to micro learning page at last meeting

Yesterday webinar on mental health, will send recording. New program studies of impact of PTSD & relationships, which can improve symptoms of PTSD. Pilot ongoing and looking for volunteers in employment or military – it is a joint CBT for couples. Early indicators showed medium to large

improvements in relationships. Webinar available at: <https://www.pshsa.ca/training/free-training/impacts-of-ptsd-and-relationships-an-introduction-to-couple-hopes-webinar-recorded-webinar>

New Pilot fatigue measurement – hospital & IT firm amongst workers, sleep patterns, set sleep goals. Fatigue ready bands from firm called Fatigue Silence, Vancouver, for organizations to manage fatigue levels, software provides an alert zone data. Looking to expand this program and want volunteer organizations. Webinar available with more information. Mariam Conn is the contact.

Links below:

Mental health RTW/SAW Resources - Regional sessions are posted; on site sessions for your organization can be booked as well

Mental Health Stay-at-Work and RTW for First Responder Organizations

Mental Health Stay-at-Work and RTW for Healthcare Organizations

Resilience Resources:

R2 for Leaders – Building Resilient Organizations - <https://www.pshsa.ca/courses/r2-for-leaders-building-resilient-organizations-distance-learning-program>

ResilientMe Microlearning - <https://www.pshsa.ca/training/free-training/resilientme>

Recorded webinar on how the Readibands work: <https://www.pshsa.ca/training/free-training/fatigue-management-for-essential-workers-2>

If anyone has questions about the previous pilot studies performed or would like a copy of the report, please contact Maryam Khan at mkhan@pshsa.ca

Mental health RTW/ SAW- <https://www.pshsa.ca/courses/mental-health-stay-at-work-return-to-work-for-first-responder-organizations> - <https://www.pshsa.ca/courses/mental-health-stay-at-work-and-return-to-work-for-healthcare-organizations-distance-learning-program>

These initiatives are not only interesting, but applicable to employers, and encourage S2 employers to participate.

9:20- 9:45 WSIB Updates - Denise Caron-Adam, Executive Director and Debbie Jeffery, Stakeholder Relations Manager

Tom Bell continues acting President

Scott Bujeya acting Chief ops & service excellence – go to person in place of Denise

No changes to cluster

Recruitment for CM continues – post mass retirement & pandemic. Challenges with hiring, training & coaching virtually

Plan & prepare for RTW workplace eventually – what roles can be in office or WFH, hybrid. More info to follow in September

Debbie – Psych process change. Training in May to CM. Review of secondary entitlement to psych. Previously CM could identify psych issue and approve assessment & treatment without ruling on entitlement. Purpose was to identify barriers and mitigate those. Had effect of clouding entitlement, R&L. Now CM will approve assessment & tx, and determine entitlement work related, and if tx is necessary. A formal decision will be required for temp psych entitlement issue a letter. This is a positive change, and continue to engage the employer community. Look forward to feedback from S2EG.

Lou Smergiasi asked question about the intent of this process & concurrent tx to mitigate costs, claim duration & improve RTW. How is the WSIB going to approach this aspect? Will cost be a factor in the benefit of allowing this concurrent tx?

Denise /Debbie – intention was always to assist support RTW & recovery. We now want to have a very clear delineation, may not be able to determine cost upfront. Potential for more than one decision.

Laura was there assessment of cost implications and evaluation?

D&D - We need to go back and review. Whether there is data to support it.

Lou – critical thinking required around secondary and concurrent psych entitlement decision making.

Question: Where one is looking at affective disorders has the WSIB considered pharmacogenetic program for prescriptions? Rather than a cocktail of drugs until finding the right one. WSIB will take back to health services.

Expansion of secure email – CM could send copies of documents, letter via secure email to worker/employer. Appeals will do so as well began May 19th post training, sending appeal decisions. Scheduling notices will be sent. ARFs & EPFs now includes email authorization page. Verbal consent will be obtained for any files in the appeal que.

Changes in RTW – segmentation 1. RTW with IE and 2. other employer, retraining.

10:15-10:45 RTW Program – Voula Hoffman, Director RTW Program

Changes to improve outcomes and process efficiency. The service has not change at customer level. Disbanded interdisciplinary teams & RTW que. Adjusted work allocation to segmentation 1. RTW with IE and 2. other employer or require longer support. 3. Is MSIP /Occ disease claims. Did not create new roles, still RTWS. Provides some flexibility in volume & staffing needs. Because saw increase in claim duration, and reduction in achieving goals in Labour market. Focus on helping workers RTW with IE, asap post injury. Early intervention. Very few times will move away from IE.

Other RTWS for mental stress injury & serious injury & Occ disease.

In past RTWS & WTS, we found approaches process are different when IE & new employer is different. This allows people to focus and apply strengths where needed.

Q&A

Q: What are the time thresholds for early intervention contact (ie. 4=6 weeks?). Workplace and Employment services (6 weeks + or sooner?). With regard to Special Care, will the RTWS continue to remain in close contact with the Accident Employer?

A: CM to have conversations with WPP about RTW, and if it is not imminent, will refer to RTWS and contact occurs within 10 days. Segment 1 staff will hold file for approx. 90 days, to determine whether require additional services, and will make the referral to Segment 2.

Q: What is the typical duration before we can look at other occ as an employer. Ex. we have had cases where the individual has been off work for 3-5 years and we are able to accommodate their restrictions in another job role but this has not been supported by WSIB. This is typical especially with mental stress/PTSD claims. Also EAs who work is Custodial available & offered but WSIB ignores it.

A: Voula agreed that WSIB staff should look into the alternate position, and if not that is not possible then any job offer. There is no timeline, if PI precludes the pre injury with/without accommodation, then plan for alternate work immediately.

Q: It was suggested skip Segment 1 and go to Segment 2 when it is clear from the outset RTW pre injury & IE is unlikely. It is not productive.

A: Voula response 90 days is a guideline, and staff need to make a judgement call, if a few more days to bring to resolution.

Clarification:

MSIP claims are assigned to Segment 3

MTBIs are not Segment 3. Most MTBIs resolve in 3 mos. Any that are longer duration are in Segment 2. Issues with calls, engaging employers, phone tags, and lack of return calls. Voula unaware of this issue with RTWS.

Q: How closely do the CM and the RTWS work together? Are there strong relationships being fostered between CM's and RTWS's? This kind of relationship building would help with things on WSIB's end...Issues with CM updates, communication to parties, even with RTWS. If RTW is not occurring, requirement to update CM and review compensable condition, PI. It is an expectation of ongoing case conferences RTWS & CM.

Q: WSIB staff Absence alerts and voice mail messages are out of date and needs to be updated. Leaving direct phone # was raised when staff leave messages to call back on 1-800 #. Suggestions to leave information required from IE on VM. Check upload que that information was uploaded

Invited Voula to come back in September to chat with group, and she is happy to do so.

10:45- 11:00 COVID Claims – Pattie Sullivan, Director

Waves 1 through 3 have matched the volume of claims, there is a lag based on spikes in community/provincially

Denise: Based on data to end of March 31

Wave 1 – 63% was for health care – large % was LTC homes, & agriculture

Wave 2 – lots of HC, and then increase in manufacturing, then 12% of S2

Wave 3 – some change as people became vaccinated in HC, increase in manufacturing & S2 (about 16%)

Duration 15 days 60% of cases resolved; @60 days = 97%

Patti Sullivan

EAs were making decisions then refer to occ diseases who became overwhelmed, made a change end of April created an interdisciplinary team adding CMs (about 12) along with RTW, these were not medically complex. Occ disease will retain medically complex claims such as hospitalizations, intubations or more serious complications

Goal is to get to the cases quickly. CM will initiate RTW and engage RTWS when required.

Decrease in volume of claims with lockdown but prior to that 200 claims per day.

Q&A

- Communication decision letters being sent to employers? They are so let Patti know of concerns. Contact #s in a slide.
- WSIB's posted Adjudicative approach document, doesn't identify presumptive clause; however, we are seeing those decisions for front-line/ essential workers despite evidence put forward of household or community transmission. Has WSIB's document been updated? Decision making two factors – Covid dx & nature of employment. High risk environment with possibility of exposure, establishes entitlement. However, Laura pointed out contact tracing & PH concludes it was community acquired, the source is different and the claim does not have merit. Patti responded the IE & PH is to avoid further spread, not determine work relatedness. In some cases, difficult to absolutely determine the exposure/source, benefit of doubt, balance of probability. Lots of commentary about decision making and approach.

- Lou – burden of proof on claimant to establish arising out of and in the course of employment, and balance of probabilities. Seems WSIB is deferring to presumptive legislation. WSIB needs to make sufficient inquiries that disease is contracted through work. Patti replied IE can object however Lou pointed out we shouldn't have to. WSIB is the adjudicative body to ensure the interest of the parties and the right, evidence based decision is made.
- 10 day is isolation, and 14 day is the incubation period. During this time when claims are registered, staff will follow up. Depends on when WSIB receives the claim. WSIB staff will contact WPP fairly quickly after claim registered. Now with lower claim volumes, WSIB is catching up.
- Cost refund/removals – by the end of June, it will be claim costs to end of 2020. Q1 2021 is not known. This issue and request for prioritization on agenda for S2EG executive & WSIB meeting

11:00 AM - MSIP Workshop update – Denise Caron-Adam & Debbie Jeffery, Stakeholder Relations Manager

- MSI Workshop held in April with WSIB, 4 employers and Don and Georgia
- Good discussion and learnings between the WSIB and the employers
- Workshop summarized in Slides presented by Debbie
 - o 4 employers, each brought 2 claims, to discuss with positive outcomes to identify the factors and takeaway
 - o Understand the factors and who has influence over these
 - o Next steps TBD with discussion with Georgia & Don, take back internally with S2EG
 - o Dr. Saxton and Dr Watson will present to group in September

11:00 – 12:00 Noon - Employer Meeting

1. Recap of Virtual Speaker Series – "Mental Stress: Prevention and Return to Function" - Georgia Katsiapis

- Another successful virtual event held on April 22nd
- 300+ attendees
- Thank you to Committee Members: Rinki Kohli, Susan Postil, Figen Dalton, Alex Tapp, Chris James, Vanessa Dubay
- No in person Conference in 2021
- Another virtual event will be held in October 2021 (date and theme TBD)
- Provide ideas on topics to Georgia.Katsiapis@toronto.ca

2. Schedule 2 and Schedule 1 transfers, new policy (under Rate Framework) - Laura Russell

No significant update. But continue conversation with WSIB about SIEF being factored in.

Mike Demarco – with transfer, still requires managing S2 legacy files, hence manage both S2 and S1 claims. Those S2 claims will not disappear. Can a S2 employer payout capitalized value of the claims? Can request from financial folks at WSIB

3. MOL Review Report regarding WSIB - Figen Dalton

No significant developments. We are continuing to monitor, have contacts through AMOS in government, and on agenda

4. Other Business

Topics for next session

RTW update invite Voula Hoffman again

Dr. Saxton on psych treatment, recovery

Bullying & harassment prevention – invite PHSA to speak on it

New Information Post Meeting, provided by Denise Carron-Adams via email on June 11/21

"Further to our meeting on Wednesday I wanted to provide you with additional information regarding the increased rigor that has been put in place for psychological treatment, assessments and entitlement.

When an emerging psychological condition becomes apparent, the case managers will make additional enquiries to ensure that the work injury is a significant contributor to the psychological condition and make a formal decision as to whether an assessment (to obtain a clear diagnosis) or treatment is required.

They may also determine whether an entitlement decision for the condition is required by the specialty case manager, and if so refer the case for a decision regarding the psychological condition.

During the meeting there was also an ask to ensure that CSRs are providing detailed voice mail messages when calling employers and leaving messages. I have shared this request however want to remind everyone that staff are only able to leave details if they have reached a personal voice mail box vs a general office voice mail"